

WY Secretary of State

FILED: 03/28/2019 11:24 AM

ID: 2019-01239

AO440 (Rev. 8/01) Summons in a Civil Case

UNITED STATES DISTRICT COURT
DISTRICT OF WYOMING

JIMMIE G. BILES, JR., MD, a Wyoming
resident,

V.

JOHN HENRY SCHNEIDER, JR.,
MICHELLE RENE SCHNEIDER, and
MEDPORT, LLC

SUMMONS IN A CIVIL CASE

Case Number: 19cv48-F

TO: (Name and address of Defendant)
MEDPORT, LLC
~~c/o Registered Agent Michael D. Greear~~
~~1112 Robertson Ave - PO Box 542~~
~~Worland, WY 82401~~

C/O WYOMING SEC OF STATE
BUSINESS DIVISION
2020 CAREY AVE
Telephone: ~~307-347-9801~~ CHEYENNE WY
82002 - 0020

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

THE SPENCE LAW FIRM, LLC
15 SOUTH JACKSON STREET - Box 548
JACKSON, WY 83001
Tel: 307.733.7290

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

Stephan Harris
CLERK
Becky Harris
(By) DEPUTY CLERK

SEAL

3/8/19
DATE

AO440 (Rev. 8/01) Summons in a Civil Case

RETURN OF SERVICE		
Service of the Summons and complaint was made by me	DATE	
NAME OF SERVER (PRINT)	TITLE	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> Returned unexecuted: _____ _____		
<input type="checkbox"/> Other (specify): _____ _____ _____		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <p>Executed on _____ Date _____ Signature of Server _____</p> <p style="text-align: center;">_____ Address of Server _____</p>		

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

RECEIPT



Secretary of State
2020 Carey Avenue
Cheyenne, WY 82002-0020

RECEIPT INFORMATION

SPENCE
THE SPENCE LAW FIRM LLC
P.O. BOX 548
JACKSON, WY 83001

Receipt #: 001609745
Receipt Date: 03/28/2019
Processed By: Anneleisa Renner

DO NOT PAY!
This is not a bill.

Description of Charges	Reference	Quantity	Unit Price	Total
Summons as Agent for Service	2019-01239	1	\$50.00	\$50.00

TOTAL CHARGES PAID \$50.00

Description of Payment	Reference	Amount
Payment-Check / Money Order	115393	\$50.00

TOTAL PAYMENT \$50.00

In Reference To:
THE SPENCE LAW FIRM, LLC (2019-01239)

PAD or Billing Questions?
(307) 777-5343
SOSAdminServices@wyo.gov

=====

DOWNTOWN JACKSON
220 W PEARL ST
JACKSON
WY
83001-9998
5747500486

03/22/2019 (800)275-8777 10:21 AM

=====

Product Sale Final
Description Qty Price

First-Class 1 \$1.60
Mail
Large Envelope
(Domestic)
(ENCINITAS, CA 92024)
(Weight: 0 Lb 4.40 Oz)
(Estimated Delivery Date)
(Monday 03/25/2019)

Certified 1 \$3.50
(@USPS Certified Mail #)
(70181830000211327130)

Return 1 \$2.80
Receipt

(@USPS Return Receipt #)
(9590940232077166990411)

First-Class 1 \$1.60
Mail

Large Envelope
(Domestic)
(CHEYENNE, WY 82002)
(Weight: 0 Lb 4.90 Oz)
(Estimated Delivery Date)
(Monday 03/25/2019)

Certified 1 \$3.50
(@USPS Certified Mail #)
(70181830000211327147)

Return 1 \$2.80
Receipt

(@USPS Return Receipt #)
(9590940232077166990404)

Total \$15.80

Credit Card Remitd \$15.80

(Card Name: AMEX)
(Account #: XXXXXXXXXXXX3007)
(Approval #: 884140)
(Transaction #: 676)
(AID: A000000025010801)
Chip)
(AL: AMERICAN EXPRESS)
(PIN: Not Required)

Text your tracking number to 2877
(2USPS) to get the latest status.
Standard Message and Data rates m
apply. You may also visit www.usp
USPS Tracking or call 1-800-222-1

Preview your Mail
Track your Packages
Sign up for FREE @
www.informedelivery.com

All sales final on stamps and pos
Refunds for guaranteed services
Thank you for your business.

NOW HIRING. Please visit
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HELP US SERVE YOU BETTER

TELL US ABOUT YOUR RECENT

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com

ENCINITAS, CA 92024

Certified Mail Fee \$3.50

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.80
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.60

Total Postage and Fees \$7.90

Sent To MEDPORT

Street and Apt. No., or PO Box No.

City, State, ZIP+4® ENCINITAS CA

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com

CHEYENNE, WY 82002

Certified Mail Fee \$3.50

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$2.80
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00

Postage \$1.60

Total Postage and Fees \$7.90

Sent To WY SEC OF STATE

Street and Apt. No., or PO Box No.

City, State, ZIP+4® MEDPORT

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MEDPORT LLC
% SEC OF STATE - WYOMING
BUSINESS DIVISION
2020 CAREY AVE. SUITE 600 700
CHEYENNE WY 82002-0020



9590 9402 3207 7166 9904 04

2. Article Number (Transfer from service label)

7018 1830 0002 1132 7147

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

☐ Agent
☐ Address

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restrict Delivery
☒ Return Receipt for Merchandise
☐ Signature Confirmation
☐ Signature Confirmation Restricted Delivery

Restricted Delivery (over \$500)

Domestic Return Receipt

**Wyoming Secretary of State**

2020 Carey Avenue, Suite 700
 Cheyenne, WY 82002-0020
 Ph. 307.777.7311
 Fax 307.777.5339
 Email: Business@wyo.gov

WY Secretary of State
FILED: 03/20/2019 07:41 AM
Global Amendment ID: 19357
Affected Entities: 1

Statement of Resignation of Registered Agent

1. This change affects every entity that I represent. ☐
OR
 This change affects only the entities on the attached list. ☒
(If attaching a list of business entities do not list more than 25 entities per filing.)

2. I, Michael D. Greear, hereby resign my agency appointment as the registered agent for the entities listed on the attached list.

3. I hereby certify that notice of my resignation was sent on 11/28/2018 to an officer or controlling member of the business entities to its last known address thirty (30) days prior to the filing of this statement with the Wyoming Secretary of State.
(Date - mm/dd/yyyy)

4. The resignation is effective immediately upon filing of this statement with the Wyoming Secretary of State.

5. If the registered office address is currently on file as the mailing and/or principal office address, a separate notice must be provided to change the mailing and/or principal office address to the last known address.

Signature: [Signature]

(Shall be executed by a person authorized by the registered agent.)

Date: 3/04/2019

(mm/dd/yyyy)

Print Name: Michael D. Greear

Contact Person: Michael D. Greear

Title:

Daytime Phone Number: 307 388- 3399

Email: mgreear@wyoosugar.com

(Email provided will receive filing evidence)

**May list multiple email addresses*

Checklist

No Filing Fee



Please submit one **originally signed** document.



Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.

Received
MAR - 6 2019
Secretary of State
Wyoming

MedPort, LLC - 2012-000621556

STATE OF WYOMING * SECRETARY OF STATE
EDWARD A. BUCHANAN
BUSINESS DIVISION

2020 Carey Avenue, Cheyenne, WY 82002-0020

Phone 307-777-7311

Website: <http://soswy.state.wy.us> · Email: business@wyo.gov

Global Amendment Summary

Global Amendment ID: 19357

Amendment Type: RA Resignation

Amendment Date: 03/20/2019 7:41 AM

Copy To Mailing: N

Copy To Principal: N

Affected Entities: 1

Agent Name: Michael D Greear

Address: 1112 Robertson Ave
PO Box 542
Worland, WY 82401

Field Name	Changed From	Changed To
Registered Agent #	0113404	0000000
Registered Agent Email	mike@greearclarkking.com	No Value
Registered Agent Fax	(307) 347-2859	No Value
Registered Agent First Name	Michael	No Value
Registered Agent Last Name	Greear	No Value
Registered Agent Middle Name	D	No Value
Registered Agent Organization Name	No Value	No Agent
Registered Agent Phone	(307) 388-3399	No Value
Registered Agent Physical Address 1	1112 Robertson Ave	No Office
Registered Agent Physical Address 2	PO Box 542	No Value
Registered Agent Physical City	Worland	No Value
Registered Agent Physical County	Washakie	No Value
Registered Agent Physical Postal Code	82401	No Value

3/20/2019

Business Entity Detail - Wyoming Secretary of State

[Business Center](#)[Online Services](#) [Search](#)

DETAIL

[RETURN TO YOUR SEARCH](#)[FILE YOUR ANNUAL REPORT](#)

MedPort, LLC

This detail reflects the current data for the filing in the system.

[Print](#)**Name**

MedPort, LLC

Filing ID

2012-000621556

Status

Active

Fictitious Name**Type**

Limited Liability Company - Domestic

Sub Status

Current

Initial Filing

05/01/2012

Standing - Tax

Good

Term of Duration

Perpetual

Standing - RA

Delinquent

Formed In

Wyoming

Standing - Other

Good

Principal Office315 S Coast Hwy 101
Ste U 102
Encinitas, CA 92024
USA**Mailing Address**315 S Coast Hwy 101
Ste U 102
Encinitas, CA 92024
USAAdditional Details**Registered Agent:**

No Agent

No Office

Laramie County WY

Latest AR/Year

03405902 / 2018

AR Exempt

No

License Tax Paid

\$50.00

History

3/20/2019

Business Entity Detail - Wyoming Secretary of State

RA Resignation - 2019-002519675	Date: 03/20/2019
2018 Original Annual Report - 03405902	Date: 03/10/2018
2017 Original Annual Report - 02625967	Date: 10/13/2016
2016 Original Annual Report - 02465852	Date: 04/04/2016
2015 Original Annual Report - 02195003	Date: 03/02/2015
2014 Original Annual Report - 02033778	Date: 05/12/2014
Delinquency Notice - Tax - 2014-001611369	Date: 05/02/2014
2013 Original Annual Report - 01844431	Date: 05/29/2013
Delinquency Notice - Tax - 2013-001488298	Date: 05/02/2013
Initial Filing - See Filing ID	Date: 05/01/2012

Public Notes

No Public Notes Found...

Parties

Michael D Greear (Organizer)

Organization:

Address:

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 19CV48-F

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* MEDPORT, LLC
 was received by me on *(date)* 03/20/2019.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☒ I returned the summons unexecuted because ***SEE ATTACHED DECLARATION; or

☐ Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: 03/21/2019



 Server's signature

K. WYSONG SAN DIEGO RPS #1802

 Printed name and title

SAN DIEGO SERVICE OF PROCESS
2445 MORENA BLVD. #201
SAN DIEGO, CA 92110

 Server's address

Additional information regarding attempted service, etc:
 ADDITIONAL DOCUMENTS SERVED: Complaint

MC-031

PLAINTIFF/PETITIONER: JIMMIE G. BILES, JR., MD	CASE NUMBER:
DEFENDANT/RESPONDENT: JOHN HENRY SCHNEIDER, JR, et al.	19CV48-F

DECLARATION*(This form must be attached to another form or court paper before it can be filed in court.)*

I, K. Wysong, am a registered process server and am employed in the county of San Diego. I am aware of the facts presented below. After due and diligent effort, I have been unable to effect personal service on the below-named subject. A list of dates, times and attempts at service is as follows:

SERVEE: MEDPORT, LLC

ADDRESS: 315 S. COAST HWY 101, STE. U 102, ENCINITAS, CA 92024

SERVICE ATTEMPTS AND RESULTS:

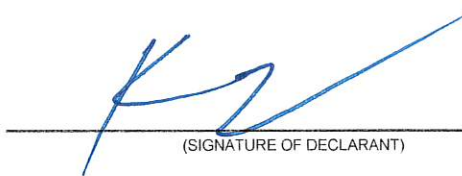
3/21/2019 at 10:45am - This address is a Commercial Mailing Receiving Agency (UPS Store). Owner would not confirm if subject was a boxholder.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 3/26/2019

K. Wysong

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☒ Other (Specify):
 SAN DIEGO CO. #1802

**San Diego Service of Process, LLC**

2445 Morena Blvd., Suite 201

San Diego, Ca. 92110

Ph. (619) 275-6400 Fax (619) 275-6420

Invoice

DATE	INVOICE #
3/22/2019	38704

BILL TO

The Spence Law Firm, LLC
 15 S. Jackson St. Box 548
 Jackson, WY 83001-0548

			Tracking #	TERMS	
				Paid by Paypal	
ITEM CODE	DESCRIPTION	DATE	TIME	PRICE EACH	AMOUNT
ATT	MEDPORT, LLC 315 S. Coast Hwy 101 Ste. U 102 Encinitas, 92024	3/21/19	10:45am	85.00	85.00

PAID

THANK YOU FOR YOUR BUSINESS!
 Accounts Not Paid Within Terms Are Subject to a 2% Finance Charge

Total \$85.00

www.SanDiegoServiceOfProcess.com